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PTO/SB/51 (02-01)
Appro or use through 01/31/2004. OMB 0651-0033

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

As a below named invintor, I hild reby declare that: My residence, mailing address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6, 23, 125 Bl., granted April 24, 2001, and for which a
reissue patent is sought on the invention entitled Collision Avoidance System
the specification of which
is attached hereto.
was filed onas relssue application number/and was amended on
and was amended on (If applicable)
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)
by reason of a defective specification or drawing.
by reason of the patentee claiming more or less than he had the right to claim in the patent.
by reason of other errors.
At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:
he reissue action seeks a broadening of the claims. The errors are as follows:
 Inadvertent omission of an independent claim during the response to the first office action Inadvertent failure to replace the term "consisting" with "comprising" within two claims during the response to the first office action. Exclusion of a dependent claim from the original patent.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) All more corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trad mark Office connected therewith. **Registration Number** Correspondence Address: Direct all communications about the application to: Place Customer Number Bar **Customer Number** Code Label here Type Customer Number here Firm or Individual Name **Address** Address Zip City State Country T lephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) USt 16, 200, Residence Citizenship **Mailing Address** Full name of second joint inventor (given name, family name) None Inventor's signature Date Residence Citizenship Mailing Address Full name of third joint inventor (given name, family name) Inventor's signature Date Residence Citizenship Mailing Address

Additional joint inventors are named on separately numbered sheets attached hereto.